

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>100</i>	<i>100</i>	<i>11-19-01</i>
O.I.P.E. CLASSIFIER	<i>GH</i>	<i>1044</i>	<i>11-30-01</i>
FORMALITY REVIEW	<i>gh</i>	<i>1030</i>	<i>2.25.02</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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*TM 804*  
*4/30/01*